

Empire Clinical Research Investigator Program

Please include one principal contact for ALL projects submitted by your institution.

Save

Done

Empire Clinical Research Investigator Program

Year: 2006

Project Number: 1

GME Consortium

1.) Research Topic

2.) Project Title

Is this project associated with another project?

Project Title:

Institution:

Project Number:

This is not a previously funded
ECRIP project.

3.) Project Director

4.) Sponsor/Mentor of Clinical Researcher

A.)

First Name:

M.I.:

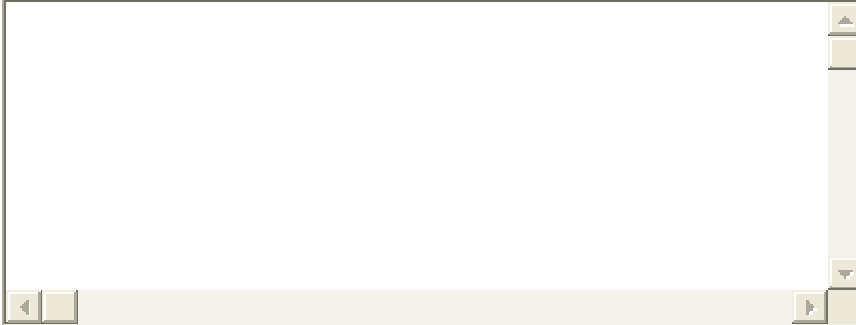
Last Name:

Phone Number:

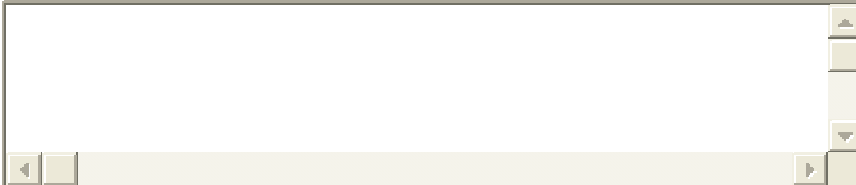
E-Mail Address:

B.) I have read and understand the [instructions](#). ☐

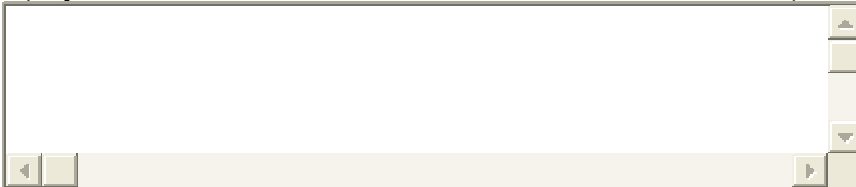
5.) Sponsor/Mentor Education/Training

A large rectangular text area with a light beige background and a thin black border. It contains no text. On the right side, there are three small square buttons stacked vertically. On the bottom left, there are two small square buttons. On the bottom right, there is a small square button.

6.) Sponsor/Mentor Positions and Honors

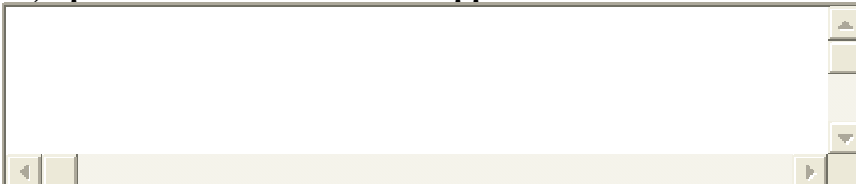
A large rectangular text area with a light beige background and a thin black border. It contains no text. On the right side, there are three small square buttons stacked vertically. On the bottom left, there are two small square buttons. On the bottom right, there is a small square button.

7.) Sponsor/Mentor Selected Peer-Reviewed Publications (in chronological order)

A large rectangular text area with a light beige background and a thin black border. It contains no text. On the right side, there are three small square buttons stacked vertically. On the bottom left, there are two small square buttons. On the bottom right, there is a small square button.

8.)

A.) Sponsor/Mentor Research Support

A large rectangular text area with a light beige background and a thin black border. It contains no text. On the right side, there are three small square buttons stacked vertically. On the bottom left, there are two small square buttons. On the bottom right, there is a small square button.

B.) Sponsor/Mentor Experience in Mentoring

9.) Sponsor/Mentor (check all that apply)

- ☐ A. is employed or contracted for employment with your hospital or paid through its affiliated faculty practice plan.

Name of Institution

- ☐ B. maintains a faculty appointment at a medical school located in New York State.

Name of Institution

- ☐ C. is collaborating with researchers at another institution.

Name of Institution

10.) Primary Location of Researcher

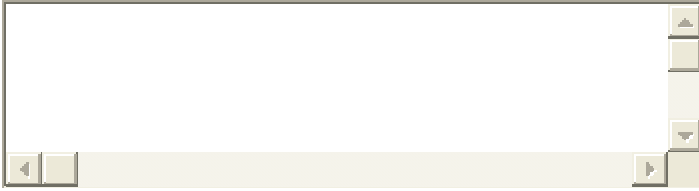
Name of Institution and Address

11.) Clinical Department

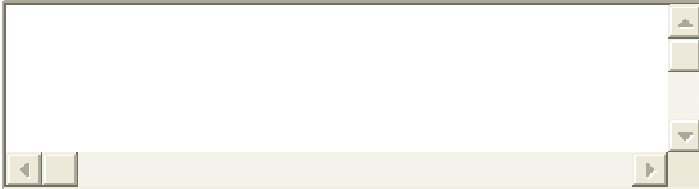
12.) Type of Clinical Research (select one)

- ☐ Patient-Oriented Research
- ☐ Epidemiologic
- ☐ Behavioral Studies
- ☐ Outcomes Research
- ☐ Health Services Research
- ☐ Translational

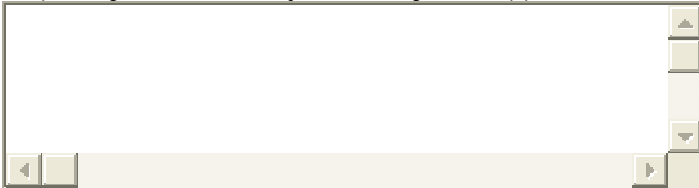
13.) Goals and Objectives for the Researcher

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small triangular arrows.

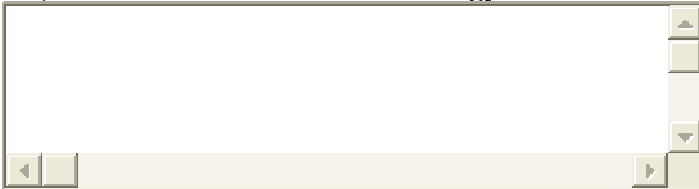
14.) Project Background

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small triangular arrows.

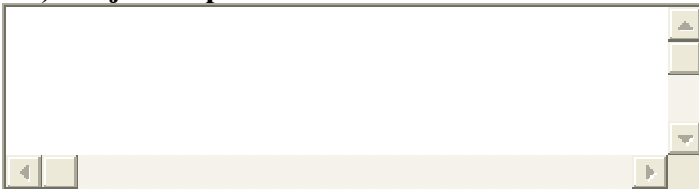
15.) Project Summary and Objective(s)

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small triangular arrows.

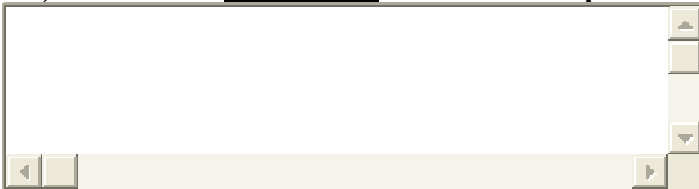
16.) Describe Data and Methodology

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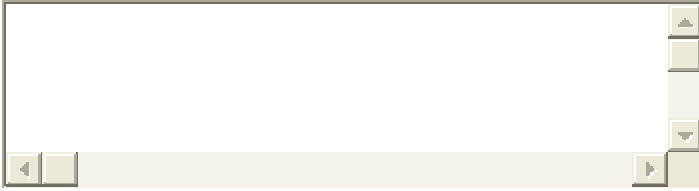
17.) Project Expected Measurable Outcomes

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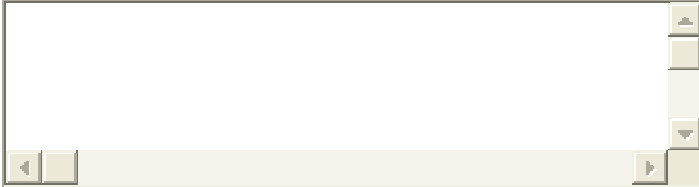
18.) Timeline of Researcher Tasks and Responsibilities

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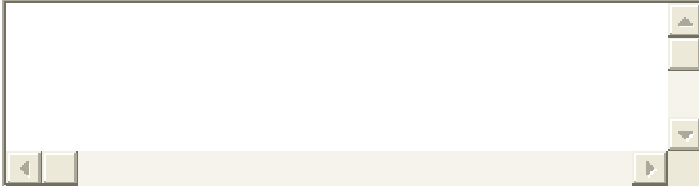
19.) Potential Journals for Publication of Research Project

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20.) Potential Scientific Meetings for Presentation of Research Project

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

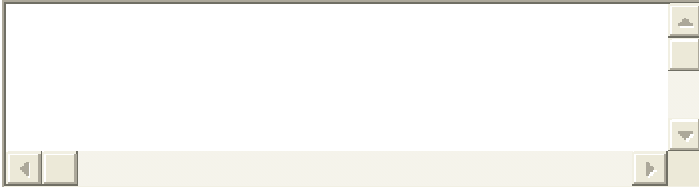
21.) Significance of Research to the Health of New Yorkers

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

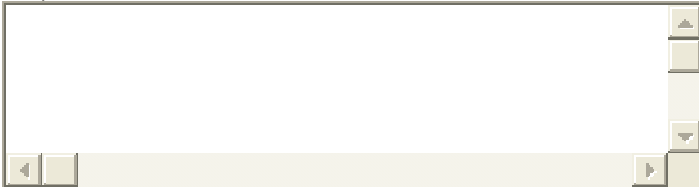
22.) Projected Budget:

When you are finished with this form, please return to the **ECRIP Menu Page** and click on the **Projected Budget - 01 link** to complete this application.

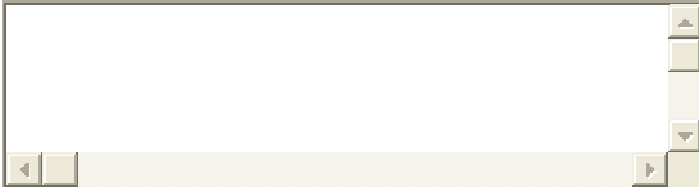
23.) Qualifications Required for the Research Position

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24.) Formalized Instruction

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

25.) Describe Recruitment Strategy

An empty rectangular text box with a light beige background. It features a vertical scrollbar on the right side and a horizontal scrollbar at the bottom, both with small square handles.

Prospective Project Reviewers

Reviewer #1:

Name	<input type="text"/>
Address	<div><div></div><div><div></div><div></div><div></div></div></div>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Specialty	<input type="text"/>
Clinical Department	<input type="text"/>
Institutional Affiliation(s)	<div><div></div><div><div></div><div></div><div></div></div></div>

Reviewer #2:

Name	<input type="text"/>
Address	<div><div></div><div><div></div><div></div><div></div></div></div>
Phone	<input type="text"/>
Fax	<input type="text"/>
Email	<input type="text"/>
Specialty	<input type="text"/>
Clinical Department	<input type="text"/>
Institutional Affiliation(s)	<div><div></div><div><div></div><div></div><div></div></div></div>

Empire Clinical Research Investigator Program

Opcert:
Hospital:
Project 1 Itemized Budget

A.) Number of Years requesting funding for:

Update

B.) State Funds

	Year 1	Year 2	
Salary	<input type="text"/>	<input type="text"/>	
Fringe	<input type="text"/>	<input type="text"/>	
Total	0 + 0		= 0

Calculate

	Year 1	Year 2	% of Effort
Additional Salary	<input type="text"/>	<input type="text"/>	
Additional Fringe	<input type="text"/>	<input type="text"/>	
Supplies/Equipment	<input type="text"/>	<input type="text"/>	
Travel	<input type="text"/>	<input type="text"/>	
Overhead	<input type="text"/>	<input type="text"/>	
Other	<input type="text"/>	<input type="text"/>	
Supervision	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	0 + 0		= 0

Calculate

Save

Format for Print

Done